



# ANNUAL REPORT – INDEPENDENT PROVIDER

## TRENDS and PATTERNS

Individuals with 5 or more MUI categories in 6 months or 10 or more MUIs in 12 months in the current year: \_\_\_\_\_

Name: \_\_\_\_\_

MUI types: \_\_\_\_\_

Action plans and preventive measures taken to address this trend/pattern:

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Date the action plans and preventive measures were added to the individual's plan:

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## Previous year's trends and patterns:

Name of individual: \_\_\_\_\_

Have the MUI categories involving the individual increased, decreased, or stayed the same?

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Were the action plans and preventive measures effective? \_\_\_\_\_  
(Use additional pages to add other individuals if needed.)

Date this review was completed: \_\_\_\_\_

Name of person completing this review: \_\_\_\_\_